



Form CPF D105: Summary Report of Campaign
Receipts and Expenditures
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____
For Office Use

Reporting Period from: 08/16/2001 through 08/31/2001
Date Month Year Date Month Year

Name of Candidate/Committee COMMITTEE TO ELECT DENISE SIMMONS

Office Sought: CAMBRIDGE / CITY COUNCIL

Name of Bank Sovereign Bank New England 63004992168

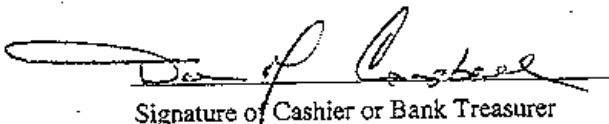
Beginning Balance for Reporting Period \$ 699.80 (1)

Total Receipts in the Reporting Period \$ 3,590.00 (2)

Total Expenditures in the Reporting Period \$ 803.23 (3)

Ending Balance for the Reporting Period \$ 3,486.57 (4)

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief:



Signature of Cashier or Bank Treasurer

Donna M. Campbell/Cathy Visconte

Name of Cashier or Bank Treasurer

(617) 533-1104/1137

Telephone Number

CAMPAIGN & POLITICAL
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2001 SEP -5 P 3 32

Form CPF D106: Receipts and Expenditures Report**Report of Expenditures***For Bank Use Only*

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Candidate Name: COMMITTEE TO ELECT DENISE SIMMONS**Committee Name:** CAMBRIDGE / CITY COUNCIL**Name of Bank:** Sovereign Bank New England 63004992168**Reporting Period:** 08/16/2001 through 08/31/2001 **Page#** **Instructions to Bank**

1. The following forms have been provided for banks to fulfill the depository reporting requirements:

CPF D105 Summary Sheets, to be completed and signed by the bank

CPF D106 Contributions and Expenditures report, bank completes expenditures side only

2. To prepare the expenditure lists, the bank should first collect all checks presented for payment in the reporting period. They should then be sorted in alphabetical order. Checks should then be listed alphabetically, showing the date the check was paid, the payee's name and address, the purpose code number, the specific purpose and the amount. This information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterisk (*) in the appropriate column on this form.

3. Please also list any other expenditures made from this account, including wire transfers, bank charges and fees.

Purposes of Payment

1. TV, Radio

2. Newspaper

3. Meetings

4. Printing

5. Office

6. Travel

7. Signs or Displays

8. Transfer of Funds

9. Other.....

Date Chk Pd	Payee	Address	Code	Specific Purpose	Amount
8/16/01	CAMBRIDGE DEMO COMM	164 PLEASANT/CAMBRIDGE	9	ROOSEVELT CELEBRATION	\$50.00
8/22/01	FRONT RUBBER STAMP CO.	960 MASS. AVE. / BOSTON	4	RUBBER STAMPS	\$86.00
8/27/01	SOVEREIGN BANK	2 MORRISSEY BLVD	*	STOP PAYMENT FEE	\$20.00
8/29/01	SIMARD PRINTING	300 SALEM ST / WABURN	4	PRINTING-LETTERHEAD ET	\$500.00
8/30/01	STAPLES INC	LANDMARK CRR / BOSTON	4	LABELS FOR LASER PRINTE	\$60.33
8/30/01	CARRYE WILLIAMS	120 HUMBOLDT/DORCHEST	9	POSTAGE	\$55.00
8/30/01	CARRYE WILLIAMS	120 HUMBOLDT/DORCHEST	9	REMB POSTAGE	\$22.90
8/31/01	SOVEREIGN BANK	2 MORRISSEY BLVD	*	SERVICE FEE	\$9.00

Total Expenditures this page**\$803.23**



Form CPF D106: Receipts and Expenditures Report
Office of Campaign and Political Finance

Report of Receipts

Commonwealth of
Massachusetts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Denise Simmons
 Committee Name: Committee to Elect Denise Simmons
 Name of Bank: Sovereign Bank
 Reporting Period from: _____ through _____ Page # _____

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1	53-59	8/30/01	Louise Dunlap 24 Kerner St. #5 Cambridge, MA 02139	50.00	
2	53-7090	8/30/01	Mary Eich 18 Watson St Cambridge, MA 02139	100.00	
3	53-59	8/30/01	David Leslie 26 Garfield St. #3 Cambridge, MA 02138	500.00	Professor + Prog. Dir. Lesley University
4	5-13	8/30/01	Charles O. Goffe 54 Pemberton St Cambridge, MA 02140	250.00	Professor of Law Harvard Law School
5	53-7090	8/30/01	Nancy Ryan 4 Ashburton Pl Cambridge, MA 02139	100.00	
6					
7					
8					
9					
10					

Contributions in excess of \$50 (or listed above) 1000.00

Contributions \$50 and under (not listed above) 190.00

Total this page

1190.00

Total Deposit (sum of all pages)

\$ 1190.00

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.



Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political Finance

Report of Receipts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name:

Denise Simmons

Committee Name:

Committee to Elect Denise Simmons

Name of Bank:

Sovereign Bank

Reporting Period from:

8/15/01

through

8/31/01

Page #

3

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1	53-59	8/23/01	Rita ARDITI 82 Richdale Ave Cambridge, MA 02140	200.00	College teacher Union Institute
2	5-255	8/23/01	Valerie B. [unclear] 31 Fort Ave #3 Roxbury, MA 02119	100.00	
3	53-70	8/23/01	Robin Ann Harris 23 Hewes St Cambridge, MA 02139	100.00	
4					
5					
6					011075150 Sovereign 0630-004
7					AUG 23 2001
8					
9					
10					

Contributions in excess of \$50 (or listed above)

400.00

Contributions \$50 and under (not listed above)

230.00

Total this page

630.00

Total Deposit (sum of all pages)

\$ 630.00

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Form CPF D106: Receipts and Expenditures Report
Office of Campaign and Political Finance

Report of Receipts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Denise Simmons
Committee Name: Committee to Elect Denise Simmons
Name of Bank: Sovereign Bank
Reporting Period from: 8/16/01 through 8/31/01 Page # 2

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1	53- 7054	8/17/01	Kalister Green-Byrd 71 Webster St Haverhill, MA 01830	100.00	
2					
3					
4					
5					011075150 Sovereign 0630-004
6					AUG 17 2001
7					
8					
9					
10					

Contributions in excess of \$50 (or listed above)

100.00

Contributions \$50 and under (not listed above)

495.00

Total this page

595.00

Total Deposit (sum of all pages)

\$ 1770.00

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Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political Finance

Report of Receipts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Denise Simmons
Committee Name: Committee to Elect Denise Simmons
Name of Bank: Sovereign Bank
Reporting Period from: 8/14/01 through 8/31/01 Page # 1

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1	5-7017	8/17/01	Ruth Bourquin 118 Hancock St #2 Cambridge MA 02139	200.00	Lawyer, Mass. LAW Reform
2	5-255	8/17/01	Raymond Davies 59 Elm St, Cambridge MA 02139	75.00	011075150 Sovereign 0630-004
3	539	8/17/01	Marla ERlein 25 Greenough Ave. Cambridge, MA 02139	100.00	AUG 17 2001
4	53- 179	8/17/01	Anthony Francis 36 E. Foster St Melrose, MA 02176	50.00	
5	2580	8/17/01	Emily Howe 121 Magazine St Cambridge, MA 02139	100.00	
6	5-13	8/17/01	Joyce Kaufman 3 Yerrand Rd #2 Cambridge, MA 02140	100.00	Lawyer, Self employed
7	53- 7090	8/17/01	Cheryl Kennedy 47 Lopez St #2 Cambridge, MA 02139	200.00	Social worker Institute for Health and Recovery
8	5-7017	8/17/01	Geneva Malenfort 25 Henry St Cambridge, MA 02139	250.00	at home
9	5-39	8/17/01	Catherine Sullivan 16 Notre Dame Ave Cambridge MA 02140	50.00	
10	5-13	8/17/01	Janet Victoria Ward 30 Parker St Cambridge, MA 02138	50.00	
Contributions in excess of \$50 (or listed above)				1175.00	
Contributions \$50 and under (not listed above)				—	Total Deposit (sum of all pages)
Total this page				1175.00	\$

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4/97

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2001 SEP -5 P 3:32